Test Scenario #8 Summary

Primary Taxpayer: **Test E. Charity** SSN: 400-00-**4221**

Secondary Taxpayer: Mary B. Charity

SSN: 400-00-4271

Filing Status: 2 – Married, filing separately on a combined return

Family Size: 4
Tax Due – No Pay

Test Scenario includes the following forms:

- Form 740
- Schedule A
- Schedule M
- Form 2210-K
- Form 8879-K
- Worksheet A (3)

Supporting forms include:

- Form 1040
- W-2 (2)

Special Instructions:

- Itemized deductions split between taxpayers
- Underpayment of estimated tax penalty exclusion
- Credit for taxes paid to 3 other states



KENTUCKY INDIVIDUAL INCOME TAX RETURN

16

• 17

18

19

• 20

22

24

• 23

• 25

26

28

1 🔲

2 🗌

3 🗌

00

00

00

4 🔲

00

00

00

00

00

00

00 00

00

00

x 20% (.20)



	For	calendar year or other taxable year beginning _	, 2012, and ending, , 2	20		Full-Year Reside	nts U	nıy	20	12
	Na	A. Spouse's Social Security Number	B. Your Social Security Number	-		DRI 6				
		ailing Address (Number and Street including Apartment y, Town or Post Office	Number or P.O. Box) State ZIP Code			61	5 7	Z		
	1 2 3 4	Married, filing joint return.	combined return. (If both had inc		bove	POLI Designating \$2 will Democratic Republican No Designation	not cha A. (1	PARTY F ange you Spouse 1) 2) 3)	ır refund or ta	irself
		OME/TAX Enter amount from federal Form 1040, lir	ne 37; 1040A, line 21 or		A. Filing	Spouse (Use if Status 2 is checked.)		B.	Yourself (or Joint)	
		1040EZ, line 4. (If total of Columns A and may qualify for the Family Size Tax Cred	B is \$30,657 or less, you it. See instructions.)			00	• 5			00
		Additions from Schedule M, line 8				00	• 6			00
À		Add lines 5 and 6				00	7 • 8			00
ב ב		Subtractions from Schedule M, line 20				00	• 8 9			00
ו סף רמנ		Subtract line 8 from line 7. This is your Ke Itemizers: Enter itemized deductions from Nonitemizers: Enter \$2,290 in Columns A	n Kentucky Schedule A.			00	• 10			00
2	11	Subtract line 10 from line 9. This is your				00	• 11			00
ופ – כנמה	12	Enter tax from Tax Table, Computation o Check if from Schedule J		12		00	12			00
ב	13	Enter tax from Form 4972-K 🔲 ; Schedu	lle RC-R 🔲	• 13		00	• 13			00
0		Add lines 12 and 13 and enter total here				00	14			00
וומ		Enter amounts from page 3, Section A, lin		15		00	15			00
٠	16	Cubtract line 15 from line 14 If line 15 is	larger than line 1/1 enter zero	16	1	100	1 10			100

16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero......

18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero......

25 Enter Child and Dependent Care Credit

from federal Form 2441, line 9 ➤ _

Enter personal tax credit amounts from page 3, Section B, lines 4A and 4B • 17

19 Add tax amount(s) in Columns A and B, line 18 and enter here

20 Check the box that represents your total family size (see instructions before completing lines 20 and 21).......

21 Multiply line 19 by Family Size Tax Credit decimal amount __. __ (____%) and enter here

22 Subtract line 21 from line 19.....

23 Enter the Education Tuition Tax Credit from Form 8863-K.....

24 Subtract line 23 from line 22.....

26 Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero

28 Add lines 26 and 27. Enter here and on page 2, line 29

Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions) • 27



RE	FUND/TAX PAYMENT SUMMARY			
29	Enter amount from page 1, line 28. This is your Total Tax Liability	• 29		00
30	(a) Enter Kentucky income tax withheld as shown on attached 2012 Form W-2(s) and other supporting statements	00		
	(b) Enter 2012 Kentucky estimated tax payments • 30(b)	00		
	(c) Enter 2012 refundable certified rehabilitation credit (KRS 141.382(1)(b)) • 30(c)	00		
	(d) Enter 2012 film industry tax credit (KRS 141.383)	00		
31	Add lines 30(a) through 30(d)	• 31		00
32	If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions)	32		00
Fu	nd Contributions; See instructions. (Enter amount(s) che	ecked)		
33	Nature and Wildlife Fund	00		
34	Child Victims' Trust Fund	00		
35	Veterans' Program Trust Fund □ \$10 □ \$25 □ \$50 □ Other • 35	00		
36	Breast Cancer Research/Education Trust Fund ☐ \$10 ☐ \$25 ☐ \$50 ☐ Other • 36	00		
37	Add lines 33 through 36	37		00
38	Amount of line 32 to be CREDITED TO YOUR 2013 ESTIMATED TAX	• 38		00
39	Subtract lines 37 and 38 from line 32. Amount to be REFUNDED TO YOU	• 39		00
40	If line 29 is larger than line 31, enter ADDITIONAL TAX DUE	• 40		00
41	(a) Estimated tax penalty and/or interest. Check if Form 2210-K attached 41(a)	00		
	(b) Interest	00		
	(c) Late payment penalty	00		
	(d) Late filing penalty	00		
42	Add lines 41(a) through 41(d). Enter here	• 42		00
43	Add lines 40 and 42 and enter here. This is the AMOUNT YOU OWE	43		00
	Make check payable to Kentucky State Treasurer or visit www.revenue.ky.gov for more options.		OFFICIAL USE ONL	Y
	Write your Social Security number and "KY Income Tax—2012" on the check.			PWR

SE	CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS		A. Spouse			B.	Yourself	
1	Enter nonrefundable limited liability entity credit (KRS 141.0401(2))	1		00	1			00
2	Enter Kentucky small business investment credit	2		00	2			00
3	Enter skills training investment credit (attach copy(ies) of certification)	3		00	3			00
4	Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))	4		00	4			00
5	Enter credit for tax paid to another state (attach copy of other state's return(s))	5		00	5			00
6	Enter unemployment credit (attach Schedule UTC)	6		00	6			00
7	Enter recycling and/or composting equipment credit (attach Schedule RC)	7		00	7			00
8	Enter Kentucky investment fund credit (attach copy(ies) of certification)	8		00	8			00
9	Enter coal incentive credit	9		00	9			00
10	Enter qualified research facility credit (attach Schedule QR)	10		00	10			00
11	Enter GED incentive credit (attach Form DAEL-31)	11		00	11			00
12	Enter voluntary environmental remediation credit (attach Schedule VERB)	12		00	12			00
13	Enter biodiesel and renewable diesel credit	13		00	13			00
14	Enter environmental stewardship credit	14		00	14			00
15	Enter clean coal incentive credit	15		00	15			00
16	Enter ethanol credit (attach Schedule ETH)	16		00	16			00
17	Enter cellulosic ethanol credit (attach Schedule CELL)	17		00	17			00
18	Enter energy efficiency products credit (attach Form 5695-K)	18		00	18			00



SEC	CTION A—BUSINESS INCENTIVE AND	OTHER TAX	CREDITS (contin	ued)	A. Spouse		\neg	B. Yo	ourself	
19	Enter railroad maintenance and improv	vement credi	it (attach Schedu	le RR-I) 19		00	19			00
	Enter Endow Kentucky credit (attach S					00	20			00
	Enter New Markets Development Prog					00	21			00
22	Add lines 1 through 21, Columns A and	d B. Enter he	re and on page 1	, line 15 . 22		00	22			00
SEC	TION B-PERSONAL TAX CREDITS	Check Regu	ılar Check bo	th if 65 or over	Check both if blin	d				
	(a) Credits for yourself:		олоок во	1			Enter n	umber of		
	(b) Credits for spouse:						boxes o			
2	Dependents:							umber of ents who:	_	
	First name Last name		Dependent's Social Security num	Depende relations ber to you	ship child for fami	ly	• lived	with you		
			I I					ot live with		
			1 1				(000		/·····	
			I I				other	dependent	s	
			l I I I						_	
3	Add total number of credits claimed or	n lines 1 and	2.			2	F=+==+	otal credits.		
	If married filing separately on a combin	ned return (F	iling Status 2), e							
	own credits from line 1, divide the cred					. [ouse	Yourse	el†
	filers enter the amount from line 3 in B	юх 3В				>	•3A	`	•3B	
	Multiply credits on line 3A by \$20 and				•			x \$20		\$20
	enter on line 4B. Enter here and on pag	ge 1, line 17,	Columns A and	В			4A		4B	
	TION C-FAMILY SIZE TAX CREDIT (Li	st the name	and Social Secui	rity number of q	ualifying children t	hat are no	ot claim	ned as de _l	oendents	in
First	name Last name	Socia	I Security number	First name	Last name			Social Sec	urity numbe	er
			1 1 1 1					1 1	 	
			<u> </u>				+	1	I I	
			I I]]	I I	
Atta	ach a complete copy of federal Form 10	40 if you rec	eived farm, busi	ness, or rental ir	ncome or loss. If no	t required	d, chec	k here.]	
to th	e undersigned, declare under penalties ne best of my knowledge and belief, it is provisions of Regulation 103 KAR 17:02 all taxes accruing under this return.	true, correct	t and complete. I	also understand	and agree that our	election	to file a	a combine	d return	unde
						()			
Your	Signature (If joint or combined return, both mu	st sign.) Spo	ouse's Signature		Date Signed			e Number (d		
Туре	ed or Printed Name of Preparer Other than Taxpa	ayer	I.D. Number o	f Preparer	Date			7/	12	
Firm	Name		EIN		Date	6	/ *			
	Mail to: REF	UNDS	Kentucky Dep	artment of Rev	venue, Frankfort,	KY 4061	8-000	6.		

Kentucky Department of Revenue, Frankfort, KY 40619-0008.

PAYMENTS

SCHEDULE A

42A740-A Department of Revenue



KENTUCKY ITEMIZED DEDUCTIONS

See instructions.Attach to Form 740.

2012

Enter name(s) as shown on Form 740, page 1. Your Social Security Number Do not include expenses reimbursed or paid by others. Medical and 1. Medical and dental expenses..... 1 Dental **Expenses** 00 4. Local income taxes (do not include state income tax)...... 4 Taxes Note: Sales and use taxes 7. Other taxes (list) and new motor vehicle taxes are not deductible 8. Total taxes. Add lines 4 through 7. Enter here...... 00 9. Home mortgage interest and points reported to you on Interest Expense 10. Home mortgage interest not reported to you on federal Form 1098 (if paid to an individual, show that person's Note: name, identifying number and address) Personal interest is not deductible. See instructions for lines 11 and 12. 11. Points not reported to you on federal Form 109811 14. Total interest. Add lines 9 through 13. Enter here...... ➤ 14 00 Contributions 16. Other than cash or check (attach federal Form 8283 Note: For any contri-bution of \$250 17. Artistic charitable contributions deduction or more, see instructions. (attach copy of appraisal)17 18. Carryover from prior year......18 00 20. Enter amount from attached federal Form 4684, Casualty and **Theft Losses** 22. Total casualty or theft loss(es). Subtract line 21 from line 20. 00 If zero or less, enter -0- ➤ 22 23. Unreimbursed employee expenses-job travel, union dues, Job Expenses job education, etc. (attach Form 2106 or 2106-EZ if and **Most Other** applicable) list Miscellaneous **Deductions** 25. Other (investment, safe deposit box, etc.) list 00 Other Miscellaneous 00 29. Other (see instructions) **Deductions** Total Itemized 00 **Deductions**

- ★ If single or married filing jointly, enter the total itemized deductions from line 30 on Form 740, line 10, column B.
- ★ All others go to page 2.



PART I—DIVIDING DEDUCTIONS BETWEEN SPOUSES

Use	e this schedule if married filing separately on a combined return.	
1.	Total itemized deductions from page 1, line 30	1-
2.	Percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B)	%
3.	Percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B)	%
4.	Percent on line 2 times total deductions entered on line 1 (enter here and on Form 740, line 10, Column A)	
5.	Percent on line 3 times total deductions entered on line 1 (enter here and on Form 740, line 10, Column B)	

2012

00

Form **740** 42A740-M

Department of Revenue > Attach to Form 740.

20 Total Subtractions. Enter here and on

Form 740, page 1, line 8.....

KENTUCKY FEDERAL ADJUSTED GROSS INCOME MODIFICATIONS

En	ter name(s) as shown on tax return.		Your Soc	ial Sed	curity Number
Р	ART I ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME		A. Spouse (Use if Filing Status 2 is checked.)		B. Yourself (or Joint)
1	Enter interest income from bonds issued by other states and their political subdivisions.	1	00	1	00
2	Enter self-employed health insurance deduction from federal Form 1040, line 29	2	00	2	00
3	Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1	3	00	3	00
4	Enter federal depreciation from Form 4562	4	00	4	00
5	Enter federal Net Operating Loss	5	00	5	00
6	Enter federal domestic production activities deduction from federal Form 8903, line 25	6	00	6	00
7	Other additions (list and enter total): (a)				
	(b)	7	00	7	00
8	Total Additions. Enter here and on Form 740, page 1, line 6	8	00	8	00
P	ART II SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME				
9	Enter state income tax refund or credit reported as income on federal Form 1040	9	00	9	00
10	Enter interest income from U.S.	10	00	10	00
11	Enter excludable amount of retirement income	11	00	11	00
12	Enter taxable amount of Social Security and Railroad Retirement Board benefits from federal Form 1040, line 20(b) (1040A, line 14(b))	12	00	12	00
10		13	00	13	00
	Enter health insurance premiums not previously deducted from income. Do not include premiums paid with pretax dollars	13			
15	(cafeteria plan) Enter resident adjustment from partnerships,	14	00	14	00
	fiduciaries and S corporations, Schedule K-1	15	00	15	00
16	Enter Kentucky depreciation from revised Form 4562	16	00	16	00
	, , ,	17	00	17	00
18	Enter Kentucky domestic production activities deduction (see instructions)	18	00	18	00
19	Other subtractions (list and enter total): (a)				
	(b) (c)	19	00	19	00

20

2012



Commonwealth of Kentucky DEPARTMENT OF REVENUE

➤ Attach to Form 740 or 740-NP.

UNDERPAYMENT OF ESTIMATED TAX BY INDIVIDUALS

Ent	er na	me(s) as shown on page 1, Form 740 or 740-NP.	Your Social	Security Number	-
PΑ	RT I	-EXCEPTIONS AND EXCLUSIONS	'		
ch	eck t	nalty shall not apply if one of the following exceptions is met. If one or more of the appropriate box(es), complete any necessary blank(s) and check the "Form 22" are 41a (Form 740-NP, line 41a). If none of the exceptions apply, go to Part II .			
Ch	eck	applicable box(es).			
1.		The taxpayer died during the taxable year.			
2.		The declaration was not required until after September 1, 2012, and the taxpay files a return and pays the full amount of the tax computed on the return on before January 31, 2013.	er or 6	19 12	
3.		Two-thirds (2/3) or more of the gross income was from farming; this return being filed on or before March 1, 2013; <i>and</i> the total tax due is being paid in full. Fisc year taxpayers must file a return and pay the tax due on or before the first day of the third month following the close of the tax year. a. Enter total gross income	al of 		
4.		Prepaid tax <i>equals or exceeds</i> last year's income tax liability. a. Enter the liability from the 2011 return, Form 740 or Form 740-NP, page 1, line 26			
		I—FIGURING THE UNDERPAYMENT AND PENALTY (Complete Part II only if the otherwise, proceed to page 2, Part III.)	additional	tax due excee	ds
2.	b. c. Pei Mu	Enter 2012 income tax liability from Form 740, line 26 (Form 740-NP, page 1, line Enter credit for taxes paid to another state from Form 740, Section A, line 5 (Form 740-NP, Section A, line 5)	1b	x .7	
	c. Su Pei	Enter credit for taxes paid to another state from Form 740, Section A, line 5 (Form 740-NP, Section A, line 5)	4c _	x .1	
	of d Ent	Itiply line 5 by line 6. This is the amount of the penalty for underpayment estimated tax (minimum penalty \$25)	8		
		To Avoid Underpayment Penalty in the Future, Obtain and File I	Form 740-L	ES.	

^{*}Do not include amounts prepaid with extension after the due date of the fourth declaration installment.

Credit for Taxes Paid to Other State Worksheet

Kentucky residents/part-year residents only. Complete a separate worksheet for each state. See instructions for Form 740, Section A, Line 5.

TIP – Credit for taxes paid to another state may be reduced or eliminated if gambling losses are claimed on Schedule A.

Taxpaye	er SSN
Тахраує	er First Name
Name of	f other state
Type of	Income Reported to Other State
1.	List Kentucky taxable income from Form 740, Line 11
2.	List any gambling losses from Schedule A, Line 29
3.	Add Lines 1 and 2 and enter total here
4.	List income reported to other state included on Kentucky return
5.	Subtract Line 4 from Line 3 and enter total here
6.	Adjusted gambling losses. Compute gambling losses allowed on Kentucky return if income from other state is ignored
7.	Subtract Line 6 from Line 5 and enter total here
8.	Enter Kentucky tax on income amount on Line 7
9.	Enter Kentucky tax on income amount on Line 1
10.	Subtract Line 8 from Line 9. This is the tax savings on return if other state's income is ignored
11.	Enter tax paid to other state on income claimed on Kentucky return
12.	Enter the lesser of Line 10 or Line 11. This is your credit for tax paid to other state. Carry this total to Form 740, Section A, Line 5

Credit for Taxes Paid to Other State Worksheet

Kentucky residents/part-year residents only. Complete a separate worksheet for each state. See instructions for Form 740, Section A, Line 5.

TIP – Credit for taxes paid to another state may be reduced or eliminated if gambling losses are claimed on Schedule A.

Taxpaye	er SSN
Тахраує	er First Name
Name of	f other state
Type of	Income Reported to Other State
1.	List Kentucky taxable income from Form 740, Line 11
2.	List any gambling losses from Schedule A, Line 29
3.	Add Lines 1 and 2 and enter total here
4.	List income reported to other state included on Kentucky return
5.	Subtract Line 4 from Line 3 and enter total here
6.	Adjusted gambling losses. Compute gambling losses allowed on Kentucky return if income from other state is ignored
7.	Subtract Line 6 from Line 5 and enter total here
8.	Enter Kentucky tax on income amount on Line 7
9.	Enter Kentucky tax on income amount on Line 1
10.	Subtract Line 8 from Line 9. This is the tax savings on return if other state's income is ignored
11.	Enter tax paid to other state on income claimed on Kentucky return
12.	Enter the lesser of Line 10 or Line 11. This is your credit for tax paid to other state. Carry this total to Form 740, Section A, Line 5

Credit for Taxes Paid to Other State Worksheet

Kentucky residents/part-year residents only. Complete a separate worksheet for each state. See instructions for Form 740, Section A, Line 5.

TIP – Credit for taxes paid to another state may be reduced or eliminated if gambling losses are claimed on Schedule A.

Taxpaye	er SSN
Тахраує	er First Name
Name of	f other state
Type of	Income Reported to Other State
1.	List Kentucky taxable income from Form 740, Line 11
2.	List any gambling losses from Schedule A, Line 29
3.	Add Lines 1 and 2 and enter total here
4.	List income reported to other state included on Kentucky return
5.	Subtract Line 4 from Line 3 and enter total here
6.	Adjusted gambling losses. Compute gambling losses allowed on Kentucky return if income from other state is ignored
7.	Subtract Line 6 from Line 5 and enter total here
8.	Enter Kentucky tax on income amount on Line 7
9.	Enter Kentucky tax on income amount on Line 1
10.	Subtract Line 8 from Line 9. This is the tax savings on return if other state's income is ignored
11.	Enter tax paid to other state on income claimed on Kentucky return
12.	Enter the lesser of Line 10 or Line 11. This is your credit for tax paid to other state. Carry this total to Form 740, Section A, Line 5



KENTUCKY INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

2012

Department of Revenue

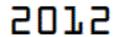
Declaration Co	ntrol Number	(DCN)					
Taxpayer's Name					Та	expayer's Social Security num	ber
Spouse's Name					s	pouse's Social Security numb	er
PART I—Tax Return	n Information (W	hole Dollars Only)			A Spouse	B Taxpayer	1/
Kentucky taxable	e income	740, line 11	740-EZ, line 3		.00	.00	K
2. Total tax liability		740, line 28	740-EZ, line 10	6 2		.00	∃Ε
3. Total payments		740, line 31		3		.00	J 🟲
4. Refunded to you		740, line 39	740-EZ, line 15	4		.00	¬N
5. Amount you owe	e	740, line 43	740-EZ, line 16	5		.00	」 □
PART II—□ Direct	Deposit of Refur	d or 🗆 Direct I	Debit of Tax Amou	ınt Due (See I	nstructions)		」 T
6. Routing transit n				e first two numbe through 12 or 21	rs of the RTN must through 32.	be	U
7. Depositor accoun							1/
8. Type of account:	O	J				<u>M/DD/YYYY</u>	K
	sit—Will these funds	nic banking regulation be going to an account lome from an account lo	t outside of the Unite	d States?	estions. Yes □ No Yes □ No		Υ
PART III — Declarati	on of Taxpayer (Sign only after Par	t I is completed.)				
If I have filed at 12. I do not want of 13. I authorize the financial institute Department of involved in the related to the part of	i joint return, this is a direct deposit of my Exentucky Department of the light of	an irrevocable appoints refund or am not received and its sed above for payment 1-4581 no later than two ectronic payment of ta and that if the Kentuck III applicable interest a information I have given ging lines of the electrolete. I consent to my Education I consent to the Kentuck III applicable interest a secondary to the electrolete. I consent to the Kentuck III applicable interest to the Kentuck III applicable interest a consent to the Kentuck III applicable interest and III applicable interest	ment of the other spo ving a refund. designated Financial of my state taxes owe be business days prior taxes to receive confide y Department of Reve nd penalties. ven my electronic returnic portion of my 20 ERO or transmitter se cky Department of Re	Agent to initiate ad on this return. To the payment (cential information nue does not recurr originator (El 12 Kentucky incending my return evenue sending revenue sending return ovenue sending retur	to receive the refu e an ACH electroni To revoke a paym debit) date. I also an n necessary to ans eive my full and tin RO) or transmitter ome tax return. To and accompanyin my ERO and/or tra	c funds withdrawal entrent, I must contact the Kuthorize the financial inswer inquiries and resolved and the amounts in Partent the best of my knowleng schedules and staternsmitter an acknowledge	ry to the entucky titutions e issues liability, I above dge and nents to
Your Signature (If joint or co	mbined return, both mus	t sign) Spouse	s's Signature		Telephone N	lumber (daytime) Da	te Signed
PART IV—Declarati	ion and Signatur	e of Electronic Ret	urn Originator and	l Paid Prenare	<u> </u>	-	
I declare that I have re If I am only a collector, completed, I declare th this form before I subm have followed all other 2012). If I am also the p	viewed the above to I am not responsible that I have verified the nit the return. I will grequirements in Kerbaid preparer, under	expayer's return and the for reviewing the return at the taxpayer's proof of a five the taxpayer a copy tucky Publication KY-1 penalties of perjury I of	nat the entries on For urn and only declared ccount and it agrees y of all forms and info 345, Kentucky Handb declare that I have ex y are true, correct and	m 8879-K are co that this form ac with the name sl rmation to be file ook for Electronia mined the about d complete. This	implete and correct curately reflects the hown on this form ed with the Kentuc c Filers of Individua re taxpayer's retur	ct to the best of my kno te data on this return. If i. The taxpayer will have ky Department of Reveral Income Tax Returns (7 n and accompanying scied on all information of Check if self-em	Part II is e signed nue, and Tax Year hedules which I
ERO's Use Only				_	o paid preparer.		pioyeu.
Firm's name (or	Signature		Date			I.D. Number of ERO	
yours if self-employed) and address					FEIN ZIP code		
Paid Preparer's Use Only	_			Check if sel			
Firm's name (or	Preparer's Signature		Date	_	_	I.D. Number of Prepare	er
yours if self-employed)					FEIN		
and address					ZIP code		

Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

	0.3.	muividuai medi	iiie ia	x netuiii		- OMB	NO. 15	45-0074 IRS US	e Only—L	Do not write or staple in th	is space.		
For the year Jan. 1-Dec	c. 31, 201	1, or other tax year beginning			, 2011, en	ding		, 20	Se	ee separate instruct	ions.		
Your first name and	initial		Last nan	ne					Yo	our social security nu	mber		
If a joint return, spou	se's first	name and initial	Last nan	Last name					Sp	ouse's social security r	number		
Home address (num	ber and s	street). If you have a P.O. b	ox, see ins	structions.				Apt. no		Make sure the SSN(s	s) above		
										and on line 6c are c			
City, town or post offic	e, state, a	and ZIP code. If you have a for	eign addres	ss, also complete	spaces below (se	e instructions	s).		-	Presidential Election Ca	mpaign		
•		•	Ü				,			eck here if you, or your spous			
Foreign country nam	Α		Foreign province/county Foreign postal code						joint	inintly want \$3 to go to this fund. Checking			
r oreign country nam				1 oreign pr	Ovinoc/ county			Torcigir postar co	abc	a box below will not change your tax or			
											Spouse		
Filing Status	1	Single								person). (See instruction			
	2	Married filing jointly							hild but	not your dependent, er	nter this		
Check only one	3	Married filing separa		er spouse's S	SN above			ime here.					
box.		and full name here.						ıg widow(er) witl	n deper				
Exemptions	6a	Yourself. If some	one can	claim you as a	a dependent, c	lo not che	ck box	к6а	}	Boxes checked on 6a and 6b			
	b	Spouse	<u> </u>		<u> </u>				<u></u> J	No. of children			
	С	Dependents:		(2) Dependen	, ,	Dependent's		✓ if child under again if yield tax can be a second as a second and a second a second and a second a second and a second a second and a second a second and a second a second and a second and a second and a second and a second a second and a second a second and a second and a second and a second and a second a		on 6c who: • lived with you			
	(1) First	name Last name)	social security nu	ımber relatio	onship to you	quu	(see instructions)		 did not live with 			
										you due to divorce or separation			
If more than four dependents, see										(see instructions)			
instructions and										Dependents on 6c not entered above			
check here ▶										Add numbers on			
	d	Total number of exem	ptions cl	aimed						lines above			
Incomo	7	Wages, salaries, tips,	etc. Atta	ch Form(s) W-	2				7				
Income	8a	Taxable interest. Atta	ch Sched	dule B if requir	red				8a				
	b	Tax-exempt interest.	Do not i	nclude on line	8a	8b							
Attach Form(s)	9a Ordinary dividends. Attach Schedule B if required												
W-2 here. Also	b	Qualified dividends											
attach Forms W-2G and	10	Taxable refunds, cred			and local incor				10				
1099-R if tax	11	Alimony received .	, 0. 0						11				
was withheld.	12	Business income or (le	oss) Atta						12				
	13	Capital gain or (loss).	1					_	13				
If you did not	14	Other gains or (losses			•				14				
get a W-2,	15a	IRA distributions .	15a			b Taxable	amoui	nt	15b				
see instructions.	16a	Pensions and annuities	\			b Taxable	amou	nt	16b				
	17	Rental real estate, roy		rtnerships. S	corporations.				17				
Enclose, but do	18	Farm income or (loss)							18				
not attach, any	19	Unemployment comp							19				
payment. Also, please use	20a	Social security benefits						nt	20b				
Form 1040-V.	21	Other income. List typ	e and an	nount					21				
	22	Combine the amounts in	the far rig						22				
	23	Educator expenses				23							
Adjusted	24	Certain business expens											
Gross		fee-basis government off		• •	•	24							
Income	25	Health savings accoun	nt deduc	tion. Attach Fo	orm 8889 .	25							
	26	Moving expenses. Att				26							
	27	Deductible part of self-e				27							
	28	Self-employed SEP, S				28							
	29	Self-employed health				29							
	30	Penalty on early withd				30							
	31a	Alimony paid b Recip				31a							
	32	IRA deduction				32							
	33	Student loan interest				33							
	34	Tuition and fees. Attac				34							
	35	Domestic production ac				35							
	36	Add lines 23 through 3							36				
	37	Subtract line 36 from							37				

55555	a Employee's social security number	OMB No. 1545-0008		
b Employer Identification number (EIN)			1 Wages, tips, other compensation	2 Federal Income tax withheld
c Employer's name, address, and	ZIP code		3 Social security wages	4 Social security tax withheld
			5 Medicare wages and tips	6 Medicare tax withheld
			7 Social security tips	8 Allocated tips
d Control number			9	10 Dependent care benefits
e Employee's first name and Initial	Last name		11 Nonqualified plans	12a
			13 Statutory Platforment Third-par employee plan sick pay	2
		1	14 Other	12c
				12d
f Employee's address and ZIP code				
15 state Employer's state ID num	ber 16 State wages, tips, etc.	17 State Income	e tax 18 Local wages, tips, etc.	19 Local income tax 20 Localty name

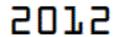
Wage and Tax
Statement
Copy 1—For State, City, or Local Tax Department



Department of the Treasury-Internal Revenue Service

55555	a Employee's social security number	OMB No. 1545-0008		
b Employer Identification number (EIN)			1 Wages, tips, other compensation	2 Federal Income tax withheld
c Employer's name, address, and	ZIP code		3 Social security wages	4 Social security tax withheld
			5 Medicare wages and tips	6 Medicare tax withheld
			7 Social security tips	8 Allocated tips
d Control number			9	10 Dependent care benefits
e Employee's first name and Initial	Last name		11 Nonqualified plans	12a
			13 Statutory Platforment Third-par employee plan sick pay	2
		1	14 Other	12c
				12d
f Employee's address and ZIP code				
15 state Employer's state ID num	ber 16 State wages, tips, etc.	17 State Income	e tax 18 Local wages, tips, etc.	19 Local income tax 20 Localty name

Wage and Tax
Statement
Copy 1—For State, City, or Local Tax Department



Department of the Treasury-Internal Revenue Service